Report by International Institite for Population Sciences, Deonar, Mumbai.: By Verma, Ravi K.; Narkhede, Rangaiyan S.; Aggarwal, M.; [et al.] : Cultural Perceptions and Categorization of Male Sexual Health Problems by Practitioners and Men in a Mumbai Slum Population.

---

# Cultural Perceptions and Categorization of Male Sexual Health Problems by Practitioners and Men in a Mumbai Slum Population

*Ravi K. Verma, G. Rangaiyan, S. Narkhede, M Aggarwal, R. Singh and Pertti J. Pelto*

## Introduction

This paper presents data comparing practitioners' and community male's cultural perceptions and categorizing of sexual health problems in a Mumbai slum population. Structured qualitative data from Free listing, pile sorting and ratings are frequently used to obtain a systematic picture of the vocabulary of terminology, ways of classifying, and other intonation in a specific topical domain such as "illnesses"; "types of healers/practitioners"; "foods" and so on.

Until recently, the entire area of reproductive health was very poorly understood, particularly with reference to South Asian populations. However, during the 1990s a number of studies of women's gynaecological health issues have been reported from several areas of India and Bangladesh (Gittelshon et al 1994; Bang and Bang 1989; Bhatia and Cleland 1995; Ross et al in press). Several of these studies have used structured qualitative methods; in order to get culturally specific *emic* data and other information about women's perceived health problems and treatment seeking behaviours. On the other hand male sexual reproductive health, including their vocabularies and perceptions of sexually transmitted problems, have been much less studied.

The growing public and governmental awareness of the spread of the AIDS epidemic has shifted attention to the importance of male sexual health problems in part because of the role of sexually transmitted infections (STIs) in increased risk of HIV infection. In India and elsewhere, programmes aimed at reducing the spread of HIV include STD clinics, counseling programmes, and other interventions that try to reach men who are involved in risky sexual behaviours. The detailed information is, therefore needed concerning all aspects of male sexual behaviours and particularly sexual health problems.

There are a number of interrelated questions that we have dealt with in this study. In addition to the vocabulary of sexual health problems, we have explored the contrasts and similarities between the perceptions of practitioners who treat sexual health problems and the cultural views of the men in communities served by these practitioners. In this study we are using the label, "sexual health problems" rather than sexually transmitted diseases (STDs). This is because the concept of STDs as a category is medical language, and may not correspond to the ways in which people in the Mumbai slum community categorize illnesses and symptoms. Published and unpublished data from the studies of gynaecological health problems of women and unpublished data from some recent studies of males, indicate that the vocabularies of sexual health problems are complex, and the emerging picture suggests that both males and females recognize the concept of sexual transmission, but the same health problems that may be transmitted sexually are also thought to be caused by other factors, especially those associated with *Garmi*. For example, in a study in a tribal area of Gujarat, the SARATHI researchers reporter that people recognize sexual transmission as one of the causes of their illnesses, but they also believe that other factors can also be important as agents causation (Grenon, and Tazeem 1996).

**Gupt Rog: Secret Illnesses**

The cultural domain of the sexual health problems in Mumbai slum can be understood by the general cover term, which is used to describe them. "***Gupt Rog***" (Secret Illnesses)" is the most common term to describe sexual health problems in the Hindi speaking part of India. The term Gupt Rog implies that the illness belongs to the secret parts of the human body. It also suggests that the illnesses have be associated with something shameful that are better kept secret. It is however important to remember that many of the sexual heater problems are not necessarily thought to be transmitted through interpersonal contacts. For example, excessive masturbation, thinning of semen and wet dreams or penile abnormalities are clearly not transmitted through personal contacts. In that sense they are not "***Rog***" (illness) but problems which have very different etiology than what is expected bio-medically. During the field work we often found both doctors and men using the term ***Kamjori*** (Weakness) to refer to all kinds of sexual health problems. In this sense the cultural domain of sexual problems for the community in Mumbai slums is beyond the concept of ***Rog***. We shall discuss "***kamjori***" in greater detail in the following section. Pelto (1996) has used the term contact and non-contact illnesses to describe this concept.

**"Contact" and "non-contact" sexual health problems:** Several studies have shown that male sexual concerns center around two quite different sectors:

> Non-contact concerns about semen-loss including concerns about masturbation, nocrumal emission, and other forms. These semen-loss concerns that are very pervasive among young men in South Asia, are also related to fears of impotence (Pelto et al. 1996: SARATHI. 1996).
>
> > A. Contact or infectious problems that may indicate STDs there are some problems: Burning urination might not be due to infection, for example. Similarly itching and some sours, pimples or other conditions, in the genital areas may be fungal infection rather than sexually transmitted infection. In some areas of India filariasis and hydrocil occur quite frequently, and are often reported as sexual health problems by many people (Bang and Bang: l997, Orissa study in progress)

In view of the above, the present paper describes the cultural perception and categorization of sexual health problems by the practitioners and men in a Mumbai slum community.

**Study Area and Methodology**

The data presented here are a part of a study that is in progress in a slum community located in the North-east part of Mumbai [2]. It is a large slum consisting of about 70,000 population and is primarily inhabited by the people who were relocated from the central part of the Mumbai in the late Seventies. Over a period of about two decades the slum population has grown enormously, with a large number of illegal and unauthorized structures mainly of migrants coming from various parts of the country. A large proportion of the population is Muslim from the Konkan area of Maharashtra, Kerala and the eastern Uttar Pradesh. It is a typical overcrowded Mumbai slum with many lanes, ad-hoc structures and lots of "joints"-such as tea and Paan shops for informal gatherings. A large number of health practitioners are found in the lanes of this slum. Transecting the entire area, we counted 53 practitioners, some of whom had formal training in allopathy [3]. However, a large number of them did not possess any recognized degree or diploma and yet prescribed all kinds of health care treatment.

Initial contacts were made with practitioners who were willing to help in the study. Due to unavailability of suitable male field researchers, the initial contacts were established by a senior level female researcher and the Principal Investigator of the study. Since the practitioners contacted were Muslim, the language used for gathering information was Hindi. The first several rounds of discussions with the practitioners were informal discussions about the kind of patients who visit them. These discussions also provided insight into the sexual behaviours of the community males as these practitioners claimed to be treating a variety of male sexual problems.

The practitioners introduced us to some key informants in the community, who also happened to be their clients. At this stage of the fieldwork, concerted efforts were made to appoint male field researchers and train them in collecting sensitive information. Three male researchers carried out the main data collection.

The techniques used to collect information on sexual problems included free-listing, pile sorting and rating, which were used as part of in-depth interviews. An opportunistic sample of forty-four practitioners and fifty-six community men were contacted in the initial qualitative phase of data collection (see appendix I for the characteristics of the practitioners interviewed). Two to three sittings were required with each respondent. In the present paper we are presenting the findings based on the free listing of the sexual health problems and severity ratings.

**Free-List of Sexual Health Problems:**

According to the Weller and Romney (1988), the first step in a study of cultural perceptions is to obtain a clear understanding of the definition and boundaries of what the domain being studied. Free listing is a technique used to define the contents of a cultural domain. It is particularly useful to get the culturally relevant items (vocabulary) and to delineate the boundaries of a semantic or cultural domain. The free listing can also be used to make inferences about the informant's cognitive structure from the order of recall and the frequency of recall. The free-list helps to collect the local vocabulary used for the study items. Responses are tabulated by counting the number of respondents who mentioned each item and then items are ordered in terms of frequency of response. Frequencies or percentages can then be used as estimates of how salient or important each item is to the sample of informants.

In the present study, each respondent was asked, "what are all sexual health problems faced by men in this community?" The answer to this question generated a large number of sexual health problems by both the men and the practitioners. A variety of synonyms were used to in the case of some of the problem. We therefore edited the list by grouping obvious synonyms under a common heading. The examples of the problems, which were grouped, are as follows:

Masturbation: Hasthmaithun, muth marna, paani nikalana, hand practice.

1. Bent penis problems: Tedhapan, ling ka mud jaana, Dahine ya baayi or muda ling.

2. Sours on the penis: Jhakham, Phori, Phunsi, Foda.

3. White discharge: Dhat girna, Apne ap dhatu girna, money ka gima, safeda.

4. Loss of sexual desire: Sambhog ki Eichha na hona. Sambhog na kar pana.

Data were analyzed and tabulated using ANTHROPAC and discrepancies in spellings were corrected before data entry.

Table 1 presents the frequency, response percentage, average rank and salience of the various types of sexual health problems listed by men in community. *Kamjori* (Sexual weakness), *Khujali* (Itching around genital areas), *Peshab me Jalan* (burning sensation during urination), *Jaldi Girna (Early* ejaculation), *Jhakham/Phori* (Wounds on the genitals), and *Dhat Girna* (White discharge) are among the most frequently mentioned sexual problems.

**Table 1:** Free listing of male sexual problems by men in the community (N=56)

| No. | Sexual problems and local terms | Freq. | Resp. Pct. | Avg. Rank | Salience |
|---|---|---|---|---|---|
| 1 | Kamjori (Weakness) | 35 | 63 | 3.914 | 0.285 |
| 2 | Khujli (Itching) | 31 | 55 | 3.484 | 0.271 |
| 3 | Peshab Main Jalan (Burning | 30 | 54 | 3.467 | 0.294 |

| | | | | | |
|---|---|---|---|---|---|
| | urine) | | | | |
| 4 | Jaldi Girna (Early Ejaculation) | 28 | 50 | 4.464 | 0.212 |
| 5 | Jakham Hona/Fori/Foda (Wounds) | 28 | 50 | 3.786 | 0.251 |
| 6 | Dhat Girna (White discharge) | 27 | 48 | 3.370 | 0.312 |
| 7 | Echcha Na Hona (Lack of Desire) | 17 | 30 | 4.765 | 0.155 |
| 8 | Tedhapan (Bent penis) | 17 | 30 | 4.706 | 0.135 |
| 9 | Khada Na Hona (Lack of erection) | 15 | 27 | 4.867 | 0.111 |
| 10 | Hasthmaithun (Masturbation) | 15 | 27 | 3.800 | 0.149 |
| 11 | Dane Nikalna (Boils, sours) | 14 | 25 | 4.071 | 0.113 |
| 12 | Dhat Patla Hona (Thinning of semen) | 13 | 23 | 5.308 | 0.084 |
| 13 | Ling Main Dard/Sujan/Sujak (Pain) | 11 | 20 | 4.636 | 0.085 |
| 14 | Swapnadosh (Wet dream) | 11 | 20 | 4.455 | 0.108 |
| 15 | Garmi (Heat) | 10 | 18 | 2.700 | 0.120 |
| 16 | AIDS | 9 | 16 | 3.778 | 0.094 |
| 17 | Pus Nikalna (Pus discharge) | 9 | 16 | 3.778 | 0.094 |
| 18 | Ling Se Khoon/Chamdi (Bleeding) | 8 | 14 | 5.875 | 0.058 |
| 19 | Hydrocil | 7 | 13 | 5.714 | 0.041 |
| 20 | Syphilis | 5 | 9 | 2.800 | 0.039 |
| 21 | Gonorrhoea | 2 | 4 | 1.000 | 0.036 |
| 22 | Chancroids | 1 | 2 | 3.000 | 0.011 |
| 23 | Herpes | 1 | 2 | 4.000 | 0.007 |

It is interesting to note that although *Kamjori and Khujali* were the most frequently mentioned items, *dhat girna* (Involuntary loss of semen) is upper most in the minds of men as revealed by the measure of salience [4].

Table 2 presents the frequency, response percentage average rank and salience of the sexual health problems listed by practitioners in the study area. *Tedhapan* ("bent" penis), *Jaldi Girna* (Early ejaculation), *Kamjori* (Sexual weakness), *Dhat Girna* (Involuntary loss of semen), *Peshab me Jalan* (burning sensation during urination), *Gonorrhea, Khada na Hona* (lack of erection), *Pus Nikalana* (pus discharge), *Syphilis, Jhakham/Phori* (Sours on the genitals), were the most common sexual problems faced by men in the community according to the practitioners. It is important to note that although mentioned by 68 percent of the practitioners, *Tedhapan* (bent penis) is assigned a very low rank and therefore is low on the salience. Most salient sexual health problems were the Jaldi Girna (early ejaculation), Kamjori (sexual weakness), Dhat Girna (White discharge) and Gonorrhea.

**Table 2:** Free listing of male sexual problems by Practitioners (N=44)

| No. | Sexual problems and local terms | Freq. | Resp. pct. | Avg. Rank | Salience |
|---|---|---|---|---|---|
| 1 | Tedhapan (Bent Penis) | 30 | 68 | 6.467 | 0.208 |
| 2 | Jaldi Girna (early Ejaculation) | 27 | 61 | 4.333 | 0.367 |
| 3 | Kamjori (Weakness) | 25 | 57 | 4.160 | 0.351 |
| 4 | Dhat Girna (White discharge) | 23 | 52 | 3.522 | 0.341 |
| 5 | Peshab Main Jalan (Burning) | 23 | 52 | 4.783 | 0.285 |
| 6 | Gonorrhoea | 23 | 52 | 4.174 | 0.309 |
| 7 | Khada Na Hona (Lack of erection) | 21 | 48 | 4.714 | 0.257 |
| 8 | Pus Nikalna (Pus discharge) | 20 | 45 | 4.500 | 0.279 |
| 9 | Syphilis | 20 | 45 | 4.400 | 0.243 |
| 10 | Jakham/Fori/Foda (Sours/ulcers) | 19 | 43 | 5.842 | 0.167 |
| 11 | Hasthmaithun (Masturbation) | 17 | 39 | 5.294 | 0.182 |
| 12 | Swapnadosh (Wet Dream) | 15 | 34 | 5.267 | 0.175 |
| 13 | Khujli (Itching) | 15 | 34 | 6.467 | 0.094 |

| | | | | | |
|---|---|---|---|---|---|
| 14 | Ling se Khoon/Chamdi (Bleding) | 14 | 32 | 6.714 | 0.107 |
| 15 | Ling Main Dard/Sujak (Pain) | 12 | 27 | 4.333 | 0.135 |
| 16 | Sambhog Na Karpana (Lack of desire) | 11 | 25 | 5.273 | 0.133 |
| 17 | Dane Nikalna (Boil, sours) | 9 | 20 | 4.667 | 0.111 |
| 18 | Dhat Patla Hona (Thinning of Semen) | 9 | 20 | 4.778 | 0.099 |
| 19 | AIDS | 7 | 16 | 6.429 | 0.041 |
| 20 | Hydrocil | 6 | 14 | 6.333 | 0.048 |
| 21 | Garmi (Heat) | 4 | 9 | 3.500 | 0.050 |
| 22 | Dhat Ka Abhav (Lack of semen) | 2 | 5 | 4.000 | 0.033 |
| 23 | Herpes | 2 | 5 | 7.000 | 0.000 |
| 24 | Warts | 2 | 5 | 5.500 | 0.027 |
| 25 | Chancroids | 2 | 5 | 3.500 | 0.027 |

The basic contents of the two lists are same. In fact, both practitioners and the men are talking about the same domain and put a lot of emphasis on non-contact sexual health problems. Both show anxieties related to the sexual weaknesses, semen loss, penile size and impotence. There are a number of differences also. For example, doctors give higher priority to Syphilis, Gonorrhea and Pus discharge. That is, they are more concerned with the sexually transmitted infections. Men, on the other hand give high priority to anxieties related to semen loss issues, Garmi, and itching problems and place less emphasis on the several infectious or contact sexual problems. The big difference is observed in case of Swapnadosh (wet dream) and Garmi (heat). In case of Swapnadosh, the difference is that of 14 points with doctors giving it higher priority than the community men. In case of Garmi, the difference is of 9 points with men giving it a higher priority.

Listing of illnesses is one way of looking at the cultural perceptions. But the list does not tell us the categorization of the sexual health problems. For this purpose we used the methods of pile sorting and rating.

**Groupings of Sexual Health Problems**

From the list of the sexual problems we chose of the more salient items for pile sorting. The items were written on a set of cards (each item on a separate card) and 49 males and 41 practitioners were asked to group the sexual problems according to their similarity, without reference to any specific criteria. The collected information was analysed by using the ANTHROPAC software. The combined results of the pile sorting were analysed using the multidimensional scaling programme (MDS).

Figure 1, [Figure 1 is missing] shows the results of the MDS analysis for the practitioners. It is found that *swapnadosh* (wet dream), *dhatgirna* (white discharge), *dhat patla* (thining of semen), *hasthmaithun* (masturbation), *jaldi girna* (early ejaculation) and *echacha na hona* (no desire for sex) are clustered together in the left side of the spatial distribution (Group 1) while pus nikalna, syphilis pus discharge, gonorrhoea, chancroids and herpes are clustered in the right side (Group 2). AIDS remained separate from the rest of the problems. The above clusters clearly indicate some of the major domains of problems. Practitioners have grouped the sexual problems that are non-infectious (Group 1) as quite separate from those that are sexually transmitted infections (STIs).

In the case of men (Figure 2) [Figure 2 is missing], it is found that Group 1 and Group 2 problems are somewhat distinct, but the pattern is more scattered. In this figure also AIDS is emerged as a separate one and some extent syphilis also did not group with any other illnesses. It is clear from the above results that practioners, tend to group sexual problems in broad domains and perhaps have treatment strategy in their mind while categorizing. They of course place due emphasis on the semen related issues. Men, on the other hand, group the problems in a number of different categories. Among both the types of respondents *peshab main jalan* (burning urination) appears somewhere in between infection oriented and non infection oriented problems.

Further, the groupings of sexual problems by both practitioners and men, were further analysed using cluster analysis technique. (Figure 3 and Figure 4) [Figure 3 and 4 are missing]. The clusters tend to support the observations obtained on the basis of multi-dimensional scaling.

**Severity of Problems**

We also asked the respondents to rate the of these problem. We asked them to rate the severity on a four point scale ranging from "not at all severe" to "very severe", with "somewhat severe" and "severe" in between.

**Table 4:** Severity Rating of Male Sexual Problems (Males=49)

| Sr. No | Item | Mean | Std. Dev. |
|---|---|---|---|
| 1 | Bent Penis | 1.86 | 0.83 |
| 2 | Early ejaculation | 2.02 | 0.80 |
| 3 | Weakness | 2.10 | 0.61 |
| 4 | Burning urination | 2.29 | 0.73 |
| 5 | Gonorrhoea | 3.24 | 0.74 |
| 6 | White discharge | 2.27 | 0.75 |
| 7 | Lack of erection | 2.27 | 0.80 |
| 8 | Pus disvcharge | 2.78 | 0.74 |
| 9 | Syphilis | 3.35 | 0.66 |
| 10 | Boils/sours | 2.37 | 0.72 |
| 11 | Masturbation | 1.55 | 0.83 |
| 12 | Wet dream | 1.37 | 0.63 |
| 13 | Itching | 2.14 | 0.86 |
| 14 | Swelling | 2.31 | 0.61 |
| 15 | Lack of desire | 1.98 | 0.80 |
| 16 | Boils | 2.24 | 0.80 |
| 17 | Thinning semen | 2.43 | 0.81 |
| 18 | AIDS | 3.94 | 0.42 |
| 19 | Hydrocil | 2.02 | 0.59 |
| 20 | Skin sours | 2.39 | 0.60 |
| 21 | Heat | 2.33 | 0.96 |

Findings are presented in Table(s) 4 and 5. AIDS was uniformally, rated as very sever, followed by syphilis and gonorrhoea. Pus discharge was also seen as

severe. Most of the non-contact problems tended to be rated as less severe by both the Practitioners and the community males. It is interesting to note that the practitioners on the whole rated most conditions as less severe than did their clients.

**Table 5:** Severity Rating of Male Sexual Problems (Practitioners = 41)

| Sr. No. | Item | Mean | Std. Dev. |
|---|---|---|---|
| 1 | Bent Penis | 1.73 | 0.80 |
| 2 | Early ejaculation | 1.73 | 0.80 |
| 3 | Weakness | 1.68 | 0.60 |
| 4 | Burning urination | 2.10 | 0.76 |
| 5 | Gonorrhoea | 3.00 | 0.86 |
| 6 | White discharge | 1.71 | 0.86 |
| 7 | Lack of erection | 1.85 | 0.75 |
| 8 | Pus discharge | 2.85 | 0.84 |
| 9 | Syphilis | 3.15 | 0.72 |
| 10 | Wound | 2.34 | 0.90 |
| 11 | Masturbation | 1.71 | 0.80 |
| 12 | Wet dream | 1.54 | 0.74 |
| 13 | Itching | 1.78 | 0.78 |
| 14 | Swelling | 2.39 | 0.66 |
| 15 | Lack of desire | 1.90 | 0.85 |
| 16 | Boils | 2.27 | 0.86 |
| 17 | Semen thinning | 1.85 | 0.84 |
| 18 | AIDS | 3.98 | 0.15 |
| 19 | Hydrocil | 1.71 | 0.71 |
| 20 | Skin sour | 2.34 | 0.84 |

| | | | |
|---|---|---|---|
| 21 | Heat | 2.24 | 0.96 |
| 22 | Herpes | 3.27 | 0.80 |
| 23 | Chancroid | 3.32 | 0.68 |

**Perceived Causes of the Sexual Health Problems as reported by the Practitioners:** During the in-depth interviews we asked the practitioners about the causes for several of these sexual health problems and also the possible treatments.

**Kamjori: Sexual weakness** Kamjori is a general concept that appears to be very salient for both practitioners and lay persons. Kamjori refers to a wide range of symptoms, including impotence inadequate quantity and quality of semen, and infertility among men (Table 6). According to one doctor, kamjori begins with the practice of masturbation at a very young age. "Children start *hand pracrice* at a very young age and gradually begin losing large quantities of semen. As a result, they feel weak and over a period of time, become impotent or *kamjor*". The quantity and quality of semen appears to be at the root of the kamjori. Most doctors clearly stated that with frequent masturbation, the quantity of semen reduces and semen becomes thin. Thinning of semen was also attributed to food habits. For example, according to one doctor, "hot foods, which include spices, onions, liquor and even English medicines, produce excessive heat (sexual) in body and result in involuntary loss and thinning of semen".

**Table 6:** Male sexual Problems, their local terms and the perceived causes as reported by doctors in a slum of Mumbai

| | **Male Sexual Problems** | **Local Terms** | **Perceived causes** |
|---|---|---|---|
| 1. | Boils, Sores, Pus or blood in the urine, ulcers around genital areas. | Garmi, Sujak, Foda/Phunsi | Intercourse without Condoms; Use of Public toilets; Anal sex/homosex/oral sex; Sex with "cheap" women. |
| 2. | White Discharge | Dhat Girna, Loss of money, Beej girna | Excessive sexual desire; Excessive masturbation; Watching Blue films; Sexual excitement; Stomach problem (Gastric) |
| 3. | Thinning of semen/reduction in semen quantity | Dhat patla hona, Dhat ka abhav | Swapnadosh; Excessive masturbation; Eating `hot |

| | | | |
|---|---|---|---|
| | | | foods'/liquor; Garmi inside body |
| 4 | Masturbation | Muth marna, Hand practice, Hasthmaithun | Wrong company; Exposure to sex magazines and films; Suppression of sexual desire; It is a illness to satisfy one's own sexual desire |
| 5 | Wet dream | Swapna dosh | Excessive masturbation; Exposure to sex magazines and films; Unsatisfied sexual desire |
| 6 | Early ejaculation | Jaldi Girna, Money girna | Ignorance about the sex; Excessive masturbation; Mental problem; Thinning of semen |
| 7 | Lack of erection | Ling ka khada na hona; Ling ka kamjor hona | Thinning of semen; Excessive masturbation; Excessive swapnadosh; Weak Muscles of penis; Excessive sexual intercourse. |

Early ejaculation and lack of erection was attributed to the excessive masturbation (once or twice a day) and poor quality of semen. The high and sacrosanct value which is attached to semen can be gauged from the fact that semen or Veerya was often referred to as *money.* One doctor summed up the importance of semen by drawing similarities between a poor man who has no money and a sexually weak person who has no semen. "One hundred drops of blood produce one drop of semen" was the common statement of doctors, who believed that masturbation and excessive sexual heat (garmi) lead to their loss. Doctors treated men for the thinning of semen with the help of a variety of Ayurvedic and Unani medications.

Some of the important sexual problems, their local terms and their perceived causes as reported by practitioners are summarized in Table 6. It appears that masturbation is clearly singled out as one of the problematic behaviours that leads to various forms of sexual problems associated with *Kamjori.* Masturbation or "excessive masturbation", was thought to be caused by wrong company, "exposure to sex magazines and films (even Hindi films) and suppression of sexual desires; Practitioners clearly thought that the masturbation is a kind of illness and is a cause of several other problems.

**Garmi: heat**

Garmi is yet another problem, which indicates the prevalence of STDs among men. Sores and various forms of pus discharges and appearance of boils and pimples are thought to be representing Garmi. They however think of its etiology very differently than it is conceptualized bio-medically. As mentioned above, excessive sexual desire results in the involuntary loss of semen and may also be manifested in the forms of boils, sores or ulcers around the penis and genital area. Use of public toilets, sex without condoms, oral and anal sex and sex with "cheap" women are also considered as important reasons for **garmi**. Garmi is generally considered a serious illness.

**Treatment of Sexual Problems**

In keeping with the perception of the basic causes, the sexual problems are treated by the practitioners using a variety of concoctions, aphordiasics and even standard antibiotics. Table 7 presents treatments suggested by the practitioners for various sexual problems. The Problems considered here are those which appeared salient from the earlier analysis. The treatments include a large number of conceptions including a number of modem medicines. Persons are treated even for masturbation and earls ejaculation. The extent of anxiety related to semen quantity and quality can be guaged from the fact that a large number of aphordiasic preparations are provided by the practitioners.

**Conclusions**

According to Indian tradition (writings in 'Upanishids') the term 'Virya' stands for both 'Vigour' and 'Semen' (Nag, 1996). It is considered the source of physical and spiritual strength. The loss of Virya through any sexual acts or imagery (including Masturbation, swapnadosh, etc.) is considered harmful both physically and spiritually. According to metaphysical physiology, food is converted into semen and there are many beliefs and practices prescribed to preserve and enhance the quality and quantity of semen. Given this background it is not surprising that semen loss in some form seems to be a major health concern among the men in Mumbai slum area.

**Acknowledgement**

We gratefully, acknowledge the financial support received from the Ford Foundation for this study. We are particularly thankful to Dr. M Koenig, Programme Officer, Ford Foundation, New Delhi for his support during the conduct of this study.

**Table 7:** Treatments offered by Practioners for a group of Sexual problems.

| Problems | Local Term | Treatment [5] |
|---|---|---|
| Boils, Sores, Pus or blood in the urine, ulcers around genital areas<br>White Discharge<br>Thinning of semen<br>Masturbation/penile abnormalities<br>Swapnadosh<br>Early ejaculation<br>Lack of erection<br>Kamjori<br>Gonorrhoea, Syphilis | Garmi, Sujak, Parma, Gagkran, Phodi, Miyad Ana, Pesab me jalan<br>Dhat girna, Mani Jana, Beej girna<br>Dhat ka abhav, Beer kam niklana, Mani Patla hona, Beer patla hona<br>Moottmarna, Motthi, Hathbhatti, Hathchlana<br>Chaddigeela hona, Jhaldi girna, Chaddi Kharabhona, Malgirna<br>Jaldi girna, Kamnakarpana, Manijaldi girna.<br>Ling ka khada na ho pana, Sambhog na kar pana, Sambhog me safal na ho pana. | Norfloxin, Doxycycline, Penicillin, Candid ointment, Incidat tab. Concoction prepared out of: Suvarn Makardhawaj*, Chandraprabha vati*, M. Saline, Alkasoal*, Moos*, Samelata*.<br>Kursjiryan tab*, Shilajeet cap*, Chandraprabha vati.<br>Shilajeet tab, Spemanfort, Kursjiryan tab, Majon Mogleenamani, Suparipak, Majoon ardkurma, Lavive kabur jelly, Maullaham Khas, habekhas.<br>Sioton, Suvern bhasm, Heerabhasm, Chandibhasm,<br>Tila : Ointment<br>Veergoti, parateen, junjunastr, regmare for message. Herbal (Concoction prepared out of: safadmoosli, sataver, vahmanshastra, safadvidharikand, Laj vanti, duknugokru, kas ras, trifala<br>Brahmnivati tab/syrup, Shilageet cap<br>Shilajeet tab, Spermanfort, Kursjiryan tab, Suparipak, Chandraprabha vati<br>Aphoradiastic<br>Suvarnmakardhwaj, siyotone, brahmnivati, norflox, chandraprabhavati, majon suparipak, majon Mogleenamani, Jatifaladivati, tentexfort, himcolin cream, speman coat, Tilaysurkhay, rogan perateen, majon ardhkurma Majon awar-a-kurma, Majon Sharab-a-awar, General tonic, Vitamin B complex. Norploxin, Doxycycline, Concoction prepared out of: Moos, Satawar, Vidharikand, Moosli, Samelata. |

[2] The study is part of a Ford-Foundation funded capacity building project in the area of reproductive health.

[3] A formally trained graduate in India is conferred with MBBS (Bachelor in Medicine and Bachelor in Surgery) degree.

[4] Salience is calculated from the average rank and the frequency of a particular item.

[5] The treatments mentioned by the doctors include a wide range of ayurvedic medicines as well as other non-allopathic materials. We have not made inquires into the active ingredients in those prepartions.

**References**


1. Gittelsohn, J.M, M. Bentley; P.J. Pelto; and L. Landman (1994) (Eds.) Listening to Women Talk about their Health: Issues and Evidence from India. The Ford Foundation, New Delhi.

2. Bang A, and R. Bang (1989) High Prevalence of Gynaecological Diseases in Rural Indian Women. *The Lancet,* January 14.

3. Bhatia, J and J.C. Cleland (1995) Self Reported Symptoms of Gynaecological Morbidity and Their Treatment in South India, Studies in Family Planning, Vol. 26. No.4 July/August 1995.

4. Grenon, Marie-Claude and Tazeem Mawji. (1996) Men's Perception of Illnesses of Nether Areas, Working Paper, Sarathi, Gujarat.

5. Pelto (1996). Sexual Health problems in Bangladesh, Study in progress. (Personal Communication)

6. Bang A. and R. Bang (1997). Findings on the Reproductive Tract Infections among males presented based on a study in progress at Gadchiroli in a Workshop on Involving Men in reproductive Health programme, held at Baroda. May 31, 1996.

7. Nag M, (1996). Sexual Behaviour and AIDS in India. Vikas Publishing House, New Delhi.

8. Weller, S.C., and Romney, A.K., "Systematic Data Collection (1988)", Qualitative Methods Series, No. 10. Newbury Park, CA: Sage Publications.